

CITATION NUMBER: \_\_\_\_\_

**Pre-Trial Driving While Suspended Diversion**  
**Information Sheet**

If you have been charged with Driving While Suspended, you may be eligible for consideration for the City of Wichita Driving While Suspended Diversion Program ONLY IF:

In the prior five years, you have **NOT**: been convicted of Driving While Suspended, nor had a Driving While Suspended charge amended in this or any other jurisdiction, nor previously participated in a Diversion for Driving While Suspended all within the last five years.

**Your Driving While Suspended Charge is the result of failure to pay fines and/or failure to obtain liability insurance without an accident. If your license has been suspended for any other reason, you are not eligible for diversion.**

You have current liability insurance.

**Your citation did not result in or arise out of an injury accident.** Non-injury accident with valid insurance at the time of the accident will be considered for diversion.

**Those with a Commercial Driver's License are not eligible for Diversion.**

**The following citations are NOT ELIGIBLE for diversion: No proof of Insurance, Hit and Run, Failure to Report an Accident, Failure to Yield to Emergency Equipment, Exhibition of Speed, Reckless Driving and citations involving more than four (4) violations.**

You **MUST** apply for diversion within **thirty (30) days** of the issuance of your citation, pay the \$25.00 non-refundable application fee and answer **completely** all questions on the application. Failure to do so will result in denial of your application or a delay in the court date.

When your application is filed, you will be given a court date, which you **MUST** attend. Failure to attend the court hearing to sign the diversion contract will result in the denial of your application for diversion and the issuance of a bench warrant for your arrest.

If your application for Diversion is accepted, the City will postpone the trial on the charge against you for six months. In return you must do the following.

1. PAY ALL COSTS, FINES AND FEES  
(\$200.00 is due at the time the agreement is signed.)

Driving While Suspended Fine	\$300.00
Diversion Fee:	\$125.00
Application Fee:	\$25.00
Court Costs:	\$77.00

**Total:** **\$527.00**

You will be responsible for all additional court costs incurred during the course of your case.

2. Agree to waive your constitutional rights to a speedy trial on the charge against you.
3. Agree to stipulate to the citation, all police reports and any video or audio tapes available pertaining to the facts and circumstances of the charge against you.
4. Obey all laws of the United States and any other state or municipality.
5. Receive no new traffic charges for six months.
6. Attend a Court Approved Driver Awareness Class and provide proof within 90 days.
7. Agree to have your Driver's License reinstated within 90 days.
8. Agree to stipulate that you were operating a motor vehicle within the city limits of Wichita and that your driving privileges were suspended by the Department of Revenue. Further stipulate that notice of suspension of you license was properly mailed by the Department of Revenue to your last address.

Application forms for Diversion are available in the Municipal Court Clerk's Office – 2nd floor, City Hall, 455 N Main and **MUST** be filed with the Clerk's Office within **thirty (30)** days from the date of the citation. When your application is filed, you will be given a court hearing date, which you **MUST** attend. Failure to attend the court hearing will result in the denial of your application for Diversion and the issuance of a bench warrant for your arrest.

If you successfully complete the Diversion, the charges against you will be dismissed after six months.

If you fail to complete the requirements of the diversion program, a Motion to Terminate will be filed, mailed to the address on your Diversion application, and a court date set. At the court hearing, you may consent to the termination or have your case proceed to trial on the original traffic charge(s) with the only evidence being the facts stipulated to in the Diversion Agreement. Your failure to attend the hearing will result in the city's Motion being sustained and a bench warrant issued for your arrest. The traffic charge(s) will then show as a conviction on your driving record. You **MUST** pay the initial \$200 on the day you sign the Diversion Agreement - **NO EXCEPTIONS.**

**APPLICATION WILL NOT BE ACCEPTED WITHOUT PAYMENT OF THE  
APPLICATION FEE AT THE TIME OF FILING.**

**APPLICATION FOR  
DRIVING WHILE SUSPENDED DIVERSION**

Docket Number: \_\_\_\_\_ Attorney: \_\_\_\_\_

Court Date: \_\_\_\_\_ Attorney Address: \_\_\_\_\_

Attorney City/State/Zip: \_\_\_\_\_

Attorney Phone #: \_\_\_\_\_

**ALL ANSWERS MUST BE COMPLETE. TYPE OR PRINT CLEARLY.**

1. FULL NAME: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

2. AGE: \_\_\_\_\_ 3. DATE OF BIRTH \_\_\_\_\_

4. SOCIAL SECURITY NUMBER: \_\_\_\_\_

5. DRIVER'S LICENSE NUMBER: \_\_\_\_\_ COMMERCIAL DL # \_\_\_\_\_

DRIVER'S LICENSE STATE: \_\_\_\_\_

6. PRIOR OFFENSE RECORD: \_\_\_\_\_ None \_\_\_\_\_ Juvenile \_\_\_\_\_ Adult

CRIMINAL OFFENSE CONVICTION/DIVERSION:

\_\_\_\_\_  
\_\_\_\_\_

7. TRAFFIC OFFENSE CONVICTIONS: (Within Last 5 Years)

\_\_\_\_\_  
\_\_\_\_\_

8. DATE OF CURRENT CITATION: \_\_\_\_\_

9. REASON FOR CURRENT LICENSE SUSPENSION: \_\_\_\_\_

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10. Are you now, or have you ever, participated in any other traffic diversion program? \_\_\_\_\_  
If yes, please state where and effective date of program.

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11. Do you have any other traffic citations pending in any other city, county, or state? \_\_\_\_\_

If yes, please state where: \_\_\_\_\_

**12. STATE THE NAME OF YOUR VEHICLE INSURANCE COMPANY, YOUR AGENT'S NAME, AGENT'S TELEPHONE NUMBER AND THE INSURANCE POLICY NUMBER:**

INSURANCE COMPANY: \_\_\_\_\_ POLICY NO: \_\_\_\_\_

AGENT'S NAME: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

I hereby apply for status as a participant in the diversion program and request that the City Attorney temporarily delay trial proceedings against me in order to permit consideration of this application. I agree that any time taken to consider this application and the rescheduling for trial, should I be denied, will be assessed against me in determining my right to a Speedy Trial. I understand that the final decision to commence trial proceedings or to defer prosecution in my case rests entirely with the City Attorney.

I authorize the program coordinator to conduct an investigation to determine suitability for this program. I understand that any information furnished by me or authorized by me to be furnished to the program coordinator in connection with this investigation will be kept confidential.

A false answer to any question in this application may be grounds for recommendation against placement into this program or removal after placement in the program, in which case the City Attorney will resume prosecution of the original charges.

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DATE

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APPLICANT